

FOR BOARD USE ONLY

Date Received: _____
 Education & Fee: _____
 NCIDQ: _____
 CEU: _____

FOR BOARD USE ONLY

Approved: _____
 Disapproved: _____
 Date Reviewed: _____

**ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN**

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-942-8285 ♦ Fax: 205-942-8285 *51 ♦ E-Mail intdesbd@bellsouth.net

APPLICATION FOR REINSTATEMENT OF INTERIOR DESIGNER REGISTRATION**INSTRUCTIONS:**

A non-refundable reinstatement fee of \$250.00 made payable to Alabama State Board of Registration for Interior Design shall accompany this application. Application shall be signed and dated. Please type or print clearly in black ink. This application shall be completed in its entirety.

NAME: _____ **Maiden name if applicable:** _____

REGISTRATION NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.

EMAIL ADDRESS: _____

RESIDENCE ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

BUSINESS NAME: _____

Position or Title: _____

BUSINESS ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence () _____ Business () _____ Fax () _____

EMPLOYMENT RECORD & PROFESSIONAL EXPERIENCE SINCE LAPSE OF REGISTRATION:

NOTE: Full Time experience means at least 35 hours per week.

I acknowledge and affirm that I have not practiced nor offered to practice interior design, I have not used any of the following terms and titles "interior design", "interior designer", "interior design services," and "interior design consultant" and I have not advertised interior design services in violation of Code of Alabama §34-15B-1 et. Seq. I hereby apply for registration in the State of Alabama as an Interior Designer. I acknowledge and affirm that the accuracy of information given in this application is correct and true and authorize the Board to investigate any and all statements made herein.

Please explain the circumstances for the lapse in your registration.

Have you previously applied to the Alabama State Board of Registration for Interior Design for reinstatement? () YES () NO

EDUCATION: Are you a graduate of a FIDER accredited interior design program? () YES () NO
If not, please explain _____

Do you have a combined record of passing 48 semester or 60 quarter hours of interior design education?
() YES () NO If not, please explain _____

NCIDQ: Have you passed the **NCIDQ** exam? () YES () NO If yes, date passed _____
Identification # _____ NOTE: Please instruct NCIDQ to submit examination proof of
passage form directly to the Board.

CEU: I have successfully completed _____ hours of CEU coursework in compliance with the
Continuing Education Guidelines.

Have you ever had a license revoked, suspended or otherwise sanctioned by any Board or agency in
Alabama or any other state? () YES () NO If yes, attach copy of order.

Were you ever denied issuance of, or pursuant to disciplinary proceeding, refused renewal of any license
by any Board or agency in Alabama or any other state?
() YES () NO If yes, attach copy of order.

Have you ever been convicted of a felony?
() YES () NO If yes, attach copy of conviction and documentation of disposition.

Have you ever violated the state controlled substances act?
() YES () NO If yes, attach copy of conviction and documentation of disposition.

Have you ever directly or indirectly assisted with or contributed to the practice of interior design by a
person not registered to practice interior design and not exempt according to the law? () YES () NO
If yes, please explain. _____

EMPLOYMENT RECORD & PROFESSIONAL EXPERIENCE: A current resume shall be attached to
document all employment information to include place of employment, dates of employment, positions
held, and full or part time. NOTE: Full time experience means at least 35 hours per week.

Date: _____

Signature: _____

MAIL TO:
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